



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Sentrix Pharmacy and Discount, L.L.C.

Respondent Name

New Hampshire Insurance Company

MFDR Tracking Number

M4-17-0721-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

November 15, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The insurance carrier, PMA failed to take final action within the 45-day period set forth in TAC §134.240 [sic]. Specifically the claim was submitted on 1/18/16 and it was received by the provider on 1/25/16 ... and no action was taken on the claim. Sentrix made a good faith effort to notify the carrier of their failure to respond to the bill on 7/8/16 and it was received by the provider on 7/14/16 ... Again, no action was taken on the claim."

Amount in Dispute: \$2,289.71

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The medical reimbursement process begins with a properly submitted bill to the carrier. New Hampshire Insurance did not get any notice of these charges until the request for MDR was filed. The requestor in its Position Statement argues 'The insurance carrier, PMA failed to take final action within the 45-day period ...' The insurance carrier is not PMA. The carrier is New Hampshire Insurance Company."

Response Submitted by: AIG

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 12, 2016	Pharmacy Services - Compound	\$2,289.71	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out the procedures for submitting a medical bill.

3. No explanations of benefits were included in the documentation submitted to the division with this dispute.

Issues

Did Sentrix Pharmacy and Discount, L.L.C. (Sentrix) submit a bill in accordance with 28 Texas Administrative Code §133.20?

Findings

Sentrix is seeking reimbursement of \$2,289.71 for a compound dispensed on date of service January 12, 2016. 28 Texas Administrative Code §133.307(c)(2)(J) requires that a health care provider seeking medical fee dispute resolution include the following in the request:

a paper copy of all medical bill(s) related to the dispute, as originally **submitted to the insurance carrier** [emphasis added] in accordance with this chapter and a paper copy of all medical bill(s) submitted to the insurance carrier for an appeal in accordance with §133.250 of this chapter (relating to General Medical Provisions);

28 Texas Administrative Code §133.20(a) states that, "The health care provider **shall submit all medical bills to the insurance carrier** [emphasis added] except when billing the employer in accordance with subsection (j) of this section." The following documents were received as evidence from Sentrix:

- A copy of Statements of Pharmacy Services (DWC066) listing the Insurance Carrier Name (Box 7) as "PMSI/Helios."
- A copy of a USPS Certified Mail receipt with tracking number 9414 8118 9956 3366 7821 07 showing that a package was mailed to PMSI/Helios in Memphis, TN.

AIG, agent of New Hampshire Insurance Company, argued that the pharmacy bill for the services in question were not submitted to the insurance carrier. No evidence was presented supporting that "PMSI/Helios" was the insurance carrier or agent of the insurance carrier for the services in question. Therefore, the division concludes that a bill for the services in question was not submitted to the insurance carrier in accordance with 28 Texas Administrative Code §133.20. No reimbursement is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

Signature

Laurie Garnes
Medical Fee Dispute Resolution Officer

December 30, 2016
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.